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NOTES ON MY CASE c. o. H. a.

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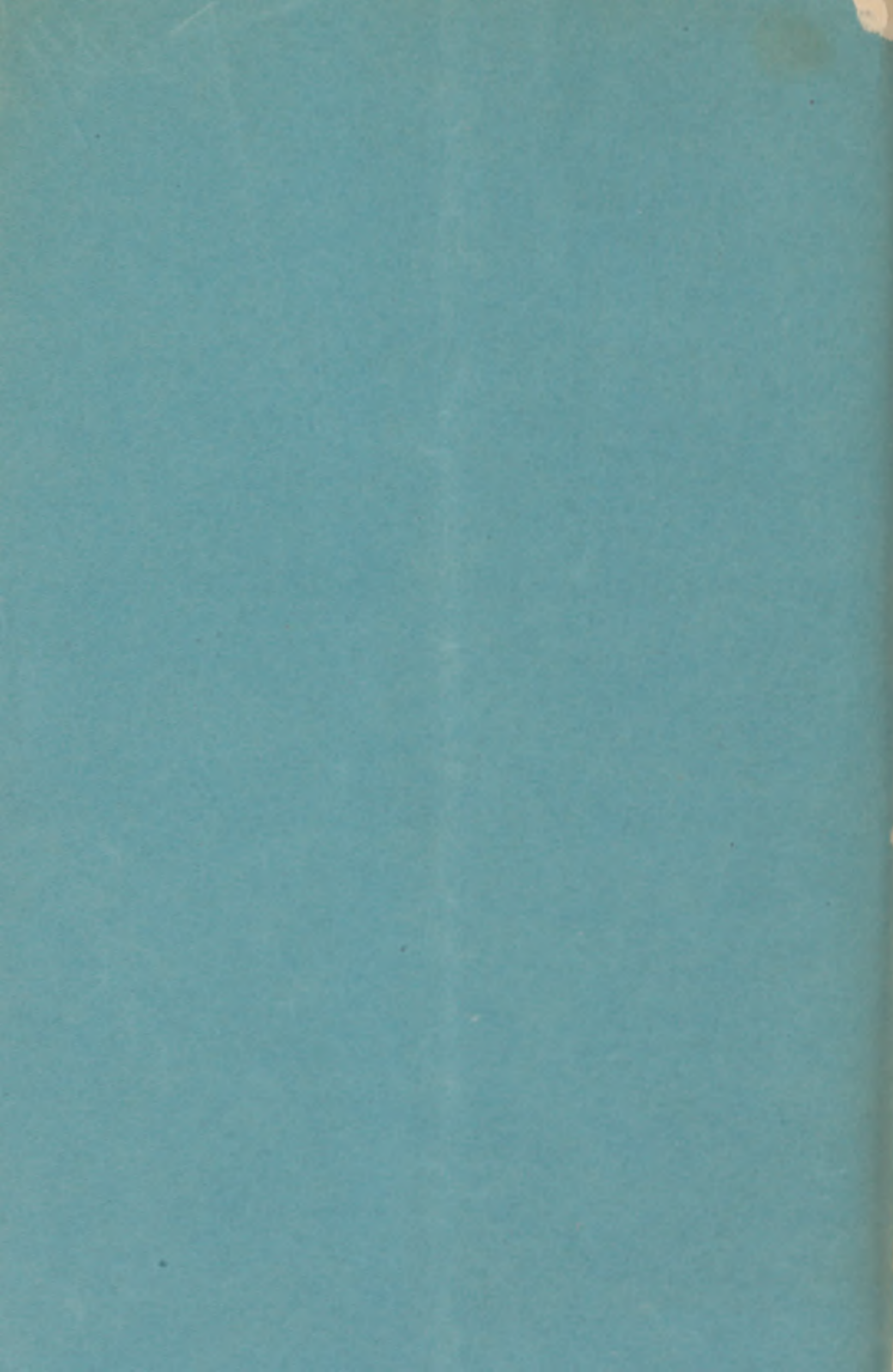
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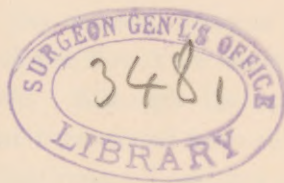
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NOTES ON MY CASE OF Extirpation of the Larynx.

A REPLY TO DR. GLASGOW'S ARTICLE
ON THE SAME SUBJECT.

By F. LANGE, M.D., NEW YORK.

DR. GLASGOW, of St. Louis, has seen fit to publish, in Vol. III. of the *Archives of Laryngology*, a "continued and complete history of the Case of Extirpation of the Larynx," previously recorded by me in Vol. I. of the same journal. His reasons for so doing were stated to be, apart from the interest of the case, the necessity of presenting a "thoroughly accurate report" of it, both before and after the operation. In addition to these facts, however, he was also desirous of adducing several "vital points untouched" in my description of the case.

My paper contains in substance the essential facts of the case, as stated by me at a meeting of the New York Surgical Society, held December 12th, 1880. Although the space placed at my disposal in the journal necessitated some shortening and condensation of my original report, I still feel confident of having furnished an "accurate report." Nor am I now aware that any essential points have been omitted by me, even after the perusal of Dr. G.'s strictures. As a matter of course, I was unable to state the previous history of the patient with that completeness of detail which the physician, under whose treatment the gentleman had been, was able to give. But what I did say in this connection was in perfect

harmony with the contents of a letter written by Dr. G., and delivered to me by the patient on his arrival in New York. It was necessary to add only a few points to what was found in that letter, and these were points which I deemed of "vital" importance. Anybody who will take the trouble to compare Dr. G.'s paper with my article, must at once perceive that essential facts are not brought forward by Dr. G., his opinions being at variance with mine merely as regards the nature of the case and the legitimate prognosis. According to his view, these would have made the indications for, and utility of the operation a very questionable matter. And, indeed, after reading the patient's previous history, as given by Dr. G., one might be led to suppose that the patient's condition was one of great comfort, that his desire for an operation was mere caprice, and that he was rendered extremely unhappy in the discovery of a surgeon who was willing to pander to this caprice.

My present remarks are prompted by a desire to refute the insinuation thus implied, and, if possible, to prevent a recurrence of the waste of precious months in future cases of this kind, thereby losing the most favorable opportunity for surgical interference.

In the first place, I determined to operate, not because the patient's condition was one of comfort in St. Louis, but because his condition in New York was such as I have described it to be, and for the further reason that I could see no other means of affording him relief. I was fully aware at the time of the opposing views of Dr. G. According to him, extirpation of the tumor was entirely out of the question, on account of the absence of all hope of recovery from such an operation. Dr. G.'s publication would also make it apparent that at this time there was no longer any hope for the successful extirpation of the larynx—an operation which some time previously

had been thought of in a consultation with Dr. Hodgen. For, if such an interference meant "speedy death," according to Dr. G.'s letter, at the commencement of October, it would certainly mean still "speedier" death one or two months later; since, during this time, the patient's condition must have become still further reduced through his sufferings. Unfortunately we are not told Dr. G.'s views respecting the fate of the patient under expectative treatment. His chances under this plan of treatment appeared to me so utterly hopeless that I considered this very point as one of the indications for the operation. For, as already stated, the comfort enjoyed by the patient in St. Louis had ceased to exist in New York, and even a brief period of observation would have sufficed to convince one that the increase in his sufferings, due to psychical influences, could not have been very great with this unfortunate old man. But, if skepticism still prevailed, it seems to me that the patient stood sufficiently vindicated by the pathological appearances as described in my report, and as discussed at a meeting of the New York Pathological Society (see *Medical Record*, Feb. 28th, 1880). I explained in my paper why I considered the œsophagus as essentially intact, and how I hoped to secure unimpaired deglutition. Acquaintance with the literature of the subject shows that disturbances in swallowing do not argue implication of the œsophagus in the process of degeneration; that in a number of cases such disturbances were among the earliest of symptoms; that absolute impossibility of deglutition may occur; that the introduction of the œsophageal sound may become an impossibility; and that all this may happen without extension of the disease to the walls of the œsophagus. Dr. G. might readily have ascertained that, in the case under consideration, the patient was often forced to leave the table in an attack of coughing, induced by the entrance of particles of food into the larynx.

And this long before he expectorated "spinach and German noodles" through the canula.

Although the seat and extent of the tumor sufficiently explained these phenomena, Dr. G. concludes therefrom the existence of a fissure between the trachea and œsophagus, and seems surprised that the same is not mentioned in my report. Moreover, he does so after having been informed by Dr. Hausmann, the patient's family physician, that no such abnormal communication was found. My reasons for supposing that the cause of these symptoms must be looked for in the incomplete closure of the entrance to the larynx have already been stated in full. I deemed it superfluous to make separate mention of the absence of the communication suspected by Dr. G. Nevertheless, had I then known his infallible standpoint, perhaps I should have specially referred to the matter, even at the risk of thereby causing to the world the loss of his arguments in favor of the existence of such a communication. Dr. G. emphasizes that "the food or liquid did not enter the larynx, for this was completely occluded, and he could not take a single inspiration when the canula was closed." I stated that, "in closing the external opening, he was able to take a few inspirations, and even to speak with a soundless, constrained voice." This shows that, when the patient arrived in New York, his larynx was not "completely closed." Nor could it have been thus completely closed in St. Louis, if the patient expectorated particles of food through the canula, since an examination of the specimen shows that such particles could have entered the trachea only from above.

Perhaps this is one of the "untouched vital points" which bred the determination in Dr. G. to supplement my article by his account. Still, as imperfect observation was at the bottom of it, I fail to appreciate its vitality. The difficulties encountered by Dr. G. in his attempts to bring about a

satisfactory condition of the patient's respiration may be readily explained by the interesting fact that the supposed tracheotomy, performed six months previously, was in truth a thyrotomy, and the canula was carried by the patient between his ulcerated vocal cords. This also explains the necessity of using a right-angled canula, possessing the deficiencies and inconveniences mentioned in my report. Let me repeat here that it was extremely annoying to the patient, who was suffering from bronchitis with profuse secretion (while in New York), that the canula had to be frequently removed, and could only with difficulty be replaced by his attendants. In this respect also, the comfort of the patient had been transformed into a decided discomfort. Dr. Hausmann writes on this point as follows, referring of course to a time when the patient was still in St. Louis: "The introduction was sometimes easy, but occasionally very difficult.* I am not aware that the patient ever introduced the canula himself. Now and then he pushed it back when violent fits of coughing had partially expelled it."

For the reasons enumerated in my report of the case, I cannot but doubt the possibility of expectative treatment to have afforded the patient "some months of comfort and life," as intimated by Dr. G. in his letter. On the other hand, I shared equally with Dr. G. the error of supposing the growth to be relatively benign.†

*This was probably due to the position of the canula between the movable vocal cords.

†Microscopically the tumor consisted of fibrous tissue in which were found rounded nests of cells of epithelial character. At the periphery of these nests the fibrous tissue was often found to be infiltrated with small, round corpuscles. The arrangement of the epithelial conglomerations makes it probable to me that an adenomatous tissue might have formed the original germ of the tumor. At all events, the growth did not start from the mucous membrane. On the contrary, the latter at most places above the tumor was preserved as a layer of more or less thickness. There exists doubtless great similarity between this tumor and that re-

Nevertheless, I did not participate in the illusion of supposing "that the pressure of the canula would tend to retard its encroachment of the canal," especially since Dr. G. himself originally stated that, "since the removal (of a mass springing from above and from the sides of the canal) about six weeks ago, there has been a gradual regrowth of the mass from above which I believe to be the tumor projecting downwards. The growth has been quite rapid, *not only downward into the trachea,*" etc. Later on, the doctor felt convinced, from a careful study of the growth through many months, that the "tendency was toward upward and outward extension." This consideration apparently induced him to form a comparatively favorable prognosis. At any rate, I was justified in not proposing a merely palliative operation, since Dr. G. himself stated that such an operation performed by him had only stimulated the tumor to a more rapid growth.

That portion of Dr. G.'s thoroughly accurate report, which embodies the patient's previous history, and is supposed to contain several "vital points untouched" by my paper, embraces more than two-thirds of his communication. To the question, whether this part supplements my account in such a manner as to furnish the key to a proper comprehension and better judgment of the case, I must answer—No.

Nor was it essential to the main question involved in the matter, viz., whether or not to operate, to give the minute details of the laryngoscopic examination, and to describe all the minor attempts at curative treatment. In preparing the case for publication, it behooved me to explain the grounds of my thought and action, rather than to consider that others differed from my opinion. A careful study of the case and the litera-

moved by Maas (conf. Langenbeck's *Archives*, Vol. 19, p. 511). Perhaps both started from a misplaced germ, belonging to one of the glandular organs of the neck.

ture of the subject having convinced me that laryngeal extirpation might improve the patient's condition and prolong his life, I had no right to refuse an operation. Moreover, I felt satisfied that suitable measures would lessen the dangers apt to ensue during after-treatment, and, therefore, in spite of certain dangers which must inevitably remain, I determined to operate. I have already described at sufficient length how far my hopes were deceived by the necessity which presented itself during the course of the operation to excise a portion of the œsophagus. The unexpected complications which this gave rise to have also been mentioned, and I showed with what infinite trouble and perseverance the final result was achieved. One thing is quite certain, and that is that, three months after the operation, in other words at a time when in all probability he would have been dead without it, his condition was better than immediately before the surgical interference.

Those of my colleagues who kindly saw the patient during this time, when with the aid of œsophageal prosthesis he could swallow fluid and solid food, and when the application of an artificial larynx (the numerous imperfections of which I willingly admitted) enabled him to make himself understood, agreed that the result was indeed a gratifying one. Especially so when the patient's seventy-five years of age were taken into consideration. As regards artificial apparatus,* the case in question presented unusual difficulties, and yet I entertain the hope that my attempts in this direction may lead to the future perfection of such contrivances.

The concluding part of Dr. G.'s "complete history" which cannot on the face of it be complete, for the simple reason

* The designation of this apparatus as "Kingsley Plate" is improper, because Dr. Kingsley had merely the kindness to finish it in soft-rubber, according to a model which already existed in hard-rubber, and had been made entirely after my directions.

that the operation itself and three months' subsequent history could not be included in it) relates to his condition after leaving New York up to the time of his death.

Dr. Hausmann, the patient's family physician, treated the case after I delivered the patient into his hands. He had the kindness to report to me, from time to time, the condition of the old gentleman. As the doctor left St. Louis about a fortnight before the patient's death, I was not informed of the occurrence until some time later. I failed in my attempts to obtain, through the kindness of the patient's relatives, a medical report of the manner in which his last days were spent—a report which would have enabled me to publish the termination of the case, which would have fallen within the province of *my* moral obligation. I am happy to be able to thank Dr. G. for having relieved me of the necessity of publishing this part of the patient's history. Still, I believe it may not be entirely superfluous, considering the "interest which attaches to the history of these cases," to communicate the contents of a letter which Dr. Hausmann had the kindness to send me for this purpose, on Dec. 1st, 1880.

DR. F. LANGE, New York.

Dear Sir—I am under obligation for the copies of the *Archives of Laryngology*, containing your report of a case of extirpation of the larynx and Dr. Glasgow's article on the same subject. With pleasure I comply with your request to give my opinion on the respective representations of the case which I had the opportunity to observe from the beginning till its termination, comprising a short period before the operation and about two weeks before the death of the patient.

After carefully perusing your report, which I find complete and true in every respect, I am surprised and find it very singular that Dr. Glasgow undertakes to give an unedited and completed history of this case, in the main act of which, the operation itself

and the treatment afterwards, he did not take any active part, except, perhaps, the indifferent treatment during the patient's last days, after my departure from St. Louis.

Reading Dr. G.'s account, I was not more fortunate than you in finding the "vital points untouched in the previous report" promised in the introduction of his article, and failed entirely to discover any circumstance or fact of importance that had been omitted in the original. Some statements, indeed, appear quite new to me, but neither vital nor correct.

In regard to "the most comfortable state," there existed a slight difference of opinion between the doctor and the patient, who obstinately insisted upon getting worse from day to day, and persistently denied feeling as happy and comfortable as the doctor persuaded him he actually did.

Concerning the alleged existence of a fissure between trachea and oesophagus, it seems useless to remonstrate with the doctor, whose firm belief could not be shaken by the positive assertion, corroborated by the presentation of correct drawings, that none of the physicians attending the operation, neither you, Drs. Lef-ferts, Conrad, nor myself, discovered such an abnormal communication. The statement that the larynx was "completely occluded" is merely a theoretical postulate necessary to support the theory of a fissure. Practically, the complete occlusion did not exist. In regard to the "frequent expectoration of crusts," I am surprised that Dr. G. mentions this circumstance in connection with the supposed fissure, he knowing well at the time that they were caused by repeated applications of the galvano-cautery.

The consultation with Dr. Hodgen, after which it was taken in view that "extirpation of the larynx should be performed as a last resort," requires some explanation. Some time previous to this consultation, I had suggested the possibility of a radical operation to the patient, who was anxious to obtain all information he could get regarding his case, and had not only read the history of all such operations I could find in literature, but to whom I had also explained the *modus operandi*, as far as possible, with the aid of anatomical plates. It could not escape his bright

intellect and clear conception that the tumor was constantly growing in spite of all medical efforts; and the question, what would be the end of it, weighed heavily upon his mind. To learn Dr. Hodgen's opinion about the operation was the object of this consultation. He declared himself decidedly against the operation, asking if it wouldn't be downright murder to shorten the brief space of time allotted to the patient to remain upon earth. Dr. G. was of the same opinion; and if any one of the two gentlemen spoke seriously to the family about an operation as the last resort, I am unable to comprehend why it should be less murder, at a time when the reduced condition of the patient would have destroyed all chances for recovery.

The result of the consultation indeed alarmed the patient, and confirmed his determination to go to New York. Very likely that the psychical impression of Dr. H.'s ominous prognosis rendered his actual sufferings more palpable, but it did not produce them, as Dr. G. seems to believe. Concerning his condition before and after the operation, the great improvement cannot be illustrated more strikingly than by comparing the voyage to and from New York. During the former, on which he was accompanied by his two daughters and myself, his sufferings were pitiable; and he arrived at the city in a state of utter exhaustion and prostration. On his way home, according to the statement of the ladies, his condition was incomparably better; and at his arrival at St. Louis he was able to drive from the depot to his home without resting his head against the cushion of the carriage, taking the greatest interest in business and other affairs.

In respect to his treatment at home, it does not transpire in Dr. G.'s article that any one else besides himself had attended; and therefore it may not be superfluous to mention here that the patient had placed himself entirely under my care, and that I never had a consultation with Dr. G. or asked his advice in regard to treatment, for which, indeed, there was no more occasion, since the field of his specialty had been entirely removed. It is true he has been visiting the patient several times, and as I

notice in his article, had been called—a fact of which I was not aware at the time, because he never asked a consultation, as I knew it to be the rule among physicians.

The plate which Dr. G. generously ordered, without being asked, I am sorry to say was utterly useless, and laid aside after a few trials. The plates used after the first œsophagus plate failed, were made after my design by the skilled dentist, Dr. Dienst; and the gentleman officiously sent by Dr. G. to take measure for a new model was politely told that his services were not required.

A slight error in regard to an application of the artificial larynx, “that he only expressed a single word,” is excusable, since the doctor was not present at that occasion. Had Dr. G. been the attending physician of the old gentleman, one point more “vital” than any one he has given in his article could not have escaped his attention: a very obstinate and painful tenesmus which interrupted our experiments with new models of plates, and initiated the apathy which finally led to the fatal termination. When I left St. Louis, about the 19th of April, the patient was in a very apathetic condition, and death was evidently fast approaching. He slept much, and did not suffer the least pain. Why such a state is so “terrible,” I do not know, since the doctor fails to give his reasons. It is much to be regretted that Dr. G. does not give his ideas about the patient’s fate, in the case the tumor had been left to grow and encroach upon trachea and œsophagus.

Although the result of the operation as regards deglutition was not as favorable as we had hoped it might be, the fact cannot be disputed that it has prolonged life and removed the dreadful alternative of dying from suffocation or starvation. Yours, etc.,

A. HAUSMANN.

In conclusion I wish to emphasize the following points:

1. The extirpation of the larynx was certainly indicated in this case. Moreover, it was indicated at a time when disturbance of vital functions began to appear; in other words, about six months before its actual occurrence.

2. At that period the operation would have been much less formidable, and the normal functions would have been more completely restored, or at any rate the chances for such restoration would have been better.

3. The performance of the operation prolonged the patient's life, and obviated the tortures incident to death from protracted suffocation and starvation.*

*The difference of opinion which may be entertained regarding this point appears from the certificate of death deposited at the St. Louis Board of Health, which, according to the information I have got, states the cause of death as follows: "Marasmus, the result of an operation, the extirpation of the larynx." (Sic.)

